

EMPLOYER REPORT

General

Report Due: Monthly for the first 6 months of full compliance and then quarterly thereafter.

DOPL
ATTN: COMPLIANCE UNIT
PO BOX 146741
SALT LAKE CITY UT 84114-6741

Have you read the conditions of probation?
☐ Yes ☐ No. *If No, please read it before submitting this document.*

Case #: _____

Name of Probationer: _____

Profession: _____

Employer: _____

Address: _____

Direct Supervisor: _____

Job description/duties: _____

	Excellent	Above Average	Average	Below Average	Don't Know	Comments:
1. Interpersonal relationship						
2. Dependability						
3. Leadership ability						
4. Response to constructive criticism						
5. Job performance						
6. Honesty and integrity at work						
	Yes		No		Comments:	
7. Evidence of drug/alcohol						
8. Random urines obtained						
9. Disciplinary problems						

Any complaints by co-workers or customers? ☐ No ☐ Yes. If yes, please explain: _____

Additional comments: _____

Supervisor Signature

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Phone

/ /
Signature Date